

FILED APR 8 - 1942

Registration District No. 399

Primary Registration District No. 1002

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3617 Summit St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

In this community 55 years,

3. (a) PRINT FULL NAME Alva G. Youart,

3. (b) If veteran, name war No.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased January 25 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 25 If less than one day 26 hr. min.

9. Birthplace Ohio,
(City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER

12. Name George K. Youart,

13. Birthplace Ohio,
(City, town, or county) (State or foreign country)

14. Maiden name Constance Korn,

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Blanche Youart

(b) Address 3617 Summit St

17. (a) Burial, (b) Date thereof 3-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 3-23-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 3617 Summit St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1942 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from March 10, 1942 to March 20, 1942
that I last saw him alive on March 20,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: none

Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
(Specify type of place) (c) means of injury

23. Signature Tom J. Kelly (M. D. or other) MD
Address 807 Argyle Bldg. Date signed 3/21/42

048
206

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Terry E. Lilly, Argyle Bldg. 2.30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1415

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.